

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
19 September 2022 / 19 septembre 2022**

**Submitted on September 8, 2022
Soumis le 8 septembre 2022**

**Submitted by
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2022-OPH-HPP-0002

SUBJECT: Update on Ottawa Public Health's 2022 Fall Immunization Plan

OBJET: Mise à jour sur le plan d'immunisation d'automne 2022 de Santé publique
Ottawa

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa receive, for information, the 2022 Fall Immunization Plan, as outlined in this report.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du plan d'immunisation pour l'automne 2022 à titre d'information.

BACKGROUND

Immunization is one of the most protective and cost-effective programs of public health. Vaccination protects people from infectious diseases, prevents their transmission and

reduces the burden on our health care system. Ottawa Public Health (OPH) supports and delivers a number of publicly funded immunization programs, assesses gaps in immunization coverage, and improves access to vaccines, particularly for people who have difficulty accessing them in the community and people most susceptible to severe illness. The last reports providing information on OPH's immunization strategy were presented to the Board of Health on [September 18, 2017](#) and [September 16, 2019](#). These reports detailed OPH's multi-phased immunization strategy, and 2019/2020 season influenza plan, respectively.

This report provides information on OPH's upcoming fall plan for COVID-19, monkeypox, influenza and school-based vaccines, including Human Papilloma Virus (HPV), Hepatitis B and Meningococcal vaccines, as well as catch-up clinics and surveillance for vaccines required by students attending elementary and secondary schools in Ontario pursuant to the Immunization of School Pupils Act (ISPA).

The content of this report reflects the information available as of September 8, 2022.

DISCUSSION

COVID-19 Immunization

Booster Doses

COVID-19 vaccination provides protection against severe outcomes, including hospitalization and death¹. Hospitalization and death from COVID-19 remain the highest among people who are unvaccinated¹. Additionally, recent data has shown the importance of receiving first and second boosters, particularly among individuals 60 years of age and older. Ontario-based data suggests the rate of hospitalization among individuals 60 years of age and older who received one booster dose is lower when compared with individuals who have only completed their primary series¹. The rate of hospitalization is even lower for individuals 60 years of age and older who have received a second booster dose compared with only having received a first booster dose¹.

Booster dose uptake has lagged across all age groups in Ottawa when compared with primary series dose uptake (see Document 1). A step-wise pattern is demonstrated across age groups with uptake being the highest among individuals 80 years of age and older and lowest in the 18 to 29 year old age group. Efforts were made to increase first booster dose coverage; targeted outreach phone calls were made in late April to individuals 60 years of age and older who had not received their first booster dose, and

provincial and municipal news and social media releases encouraged individuals to receive their booster.

While guidance from the Ontario Ministry of Health is forthcoming, the National Advisory Committee on Immunization (NACI) recommends that individuals at increased risk of severe illness from COVID-19 should be offered a fall COVID-19 vaccine booster dose, including older adults 65 years of age and older, residents of long-term care homes and other congregate living settings, adults in or from First Nations, Métis or Inuit communities, adults in racialized communities and/or marginalized communities disproportionately affected by COVID-19, and individuals 12 years of age and older with an underlying medical condition that places them at high-risk of severe COVID-19. NACI also recommends that all other individuals 12 years of age and older may be offered a fall COVID-19 booster dose.

On September 1, 2022, Health Canada authorized the first bivalent vaccine, manufactured by Moderna. A second bivalent vaccine, manufactured by Pfizer-BioNTech is currently under review by Health Canada, with approval expected later in September. First shipments of the Moderna bivalent vaccine are expected to arrive in the province mid-September and the Pfizer-BioNTech bivalent vaccine is expected late-September. Both bivalent vaccines will provide protection against the Omicron COVID-19 strains and the previous COVID-19 strains. Data from clinical trials shows that the Moderna bivalent COVID-19 vaccine elicits a superior immune response against Omicron and previous strains when compared with the previous formulation². Data also indicates the Moderna bivalent vaccine was generally well-tolerated, with side effects similar to the previous formulation². Roll-out of the bivalent vaccine will align with Ontario Ministry of Health direction and will be in a phased approach starting with older adults. As of the writing of this report, Ontario Ministry of Health guidance including details on the roll-out of the bivalent COVID-19 vaccine, has yet to be released.

On August 19, 2022, Health Canada authorized the Pfizer-BioNTech COVID-19 vaccine as a first booster dose for children 5 to 11 years of age. Five to 11-year-olds became eligible to receive their first booster dose beginning September 1, 2022, subsequent to when the Ontario Ministry of Health guidance was released. Ottawa Public Health has made the booster dose available in both community clinics and neighbourhood hubs. As of September 6, 2022, over 1,400 5 to 11-year-olds have received their first booster dose or approximately 2%.

Under Five COVID-19 Vaccination

On July 14, 2022, Health Canada approved the first COVID-19 vaccine for children 6 months to 4 years of age. The vaccine is manufactured by Moderna and is a 2-dose series. Pfizer-BioNTech's COVID-19 vaccine (a 3-dose series) for children 6 months to 4 years of age is currently under review by Health Canada, with approval expected, mid September. First doses of the Moderna COVID-19 vaccine for children 6 months to 4 years of age were offered starting on July 28, 2022 through rotating family-friendly clinics across the city and neighbourhood hubs. Ottawa has led the province with the highest percent of 6 months to 4 years olds receiving their first dose. As of September 6, 2022, 6,973 children have received their first dose or 15% of 6 months to 4 year olds in Ottawa. Children are recommended to receive their second dose 8 weeks after their first dose but may receive it at a minimum interval of 28 days. As of September 6, 2022, 252 children have received their second dose or 0.5% of 6 month to 4 years olds in Ottawa. Ottawa Public Health will continue prioritizing access for children 6 months to 4 years of age throughout the fall to complete their two-dose series.

Monkeypox Immunization

Between May 20 and August 30, 2022, monkeypox infection has been confirmed in 39 Ottawa residents and in 579 individuals in the rest of Ontario³. Most infections have been among gay, bisexual and other men who have sex with men (gbMSM) who report sexual or intimate contact with other males^a. Case data and University of Ottawa wastewater data demonstrate a peak in the number of infections in July. Nonetheless, with a long incubation period and the possibility of mild illness that is not diagnosed, OPH remains vigilant and is actively promoting protection with vaccination for the eligible population.

Imvamune is a non-replicating live vaccine that provides protection against the monkeypox virus. The vaccine can be given prior to being exposed (for pre-exposure prophylaxis) or after exposure but before the development of signs and symptoms (for post-exposure prophylaxis). As there is currently a limited supply of Imvamune, Ontario is currently using a single dose approach, prioritizing vaccination of individuals who have been disproportionately affected by the virus. Second doses, offered at a minimum interval of 28 day after the first dose, are limited to certain moderately to severely immunocompromised individuals and research laboratory employees working directly

^a As stated by Public Health Ontario, although cases have mostly been identified among gbMSM who report sexual or intimate contact with other males, anyone can get monkeypox. Various factors that may increase the potential risk for exposure include close, sexual, and/or other intimate contact with someone who has a monkeypox rash, sore or scabs.

with orthopoxviruses. As of September 6, 2022, 3,883 Ottawa residents have been vaccinated against the monkeypox virus.

Ottawa Public Health (OPH) has been and will continue working with community partners to find culturally appropriate and accessible locations to ensure eligible individuals can access the vaccine for pre-exposure prophylaxis. Weekly clinics have been held at locations such as the Centretown Community Health Centre and the Sexual Health Centre on Clarence Street. The vaccine was made available through appointments and walk-ins mid-August at OPH multi-purpose vaccination clinics (YMCA in Orleans and Century Public School) and other pop-up clinics such as the Tom Brown Arena and the Richelieu-Vanier Community Centre. Outreach, including drop-in appointments, have also been offered at a number of locations including through Gay Zone, MAX Ottawa, Gay Ottawa Volleyball, the AIDS Committee of Ottawa, Club Ottawa Bathhouse, University of Ottawa and Carleton University. OPH also offered clinics at special events such as the Bingham Cup and Capital Pride. OPH continues to ensure that Imvamune is also available in a timely fashion for individuals who require it for post-exposure prophylaxis.

Universal Influenza Immunization Program (UIIP)

With the potential for Influenza and COVID-19 co-circulation in the fall, ensuring vaccination against both is maximized will be crucial to protecting individuals and our health care system. Every year, OPH participates in Ontario's Universal Influenza Immunization Program (UIIP), which provides publicly funded influenza vaccines for individuals 6 months or older who live, work or attend school in Ontario. In the fall, a multi-phased approach will be implemented, aligning with the Ontario Ministry of Health. Individuals at high-risk and those most susceptible to severe outcomes of influenza will be prioritized. Influenza vaccines will be rolled out to hospital and Long-Term Care Home (LTCH) residents and staff at the end of September and into early October, followed by access for individuals at high-risk for influenza-related complications and hospitalization and health care workers in October (via pharmacies and usual physician providers) and to the general population from November onward. As a number of delivery channels will be available for people of all ages to access the influenza vaccine (e.g., pharmacies, primary care providers), OPH will focus on providing access to the Influenza vaccine where gaps exist in the community, as in previous years. OPH will assist in administering vaccines to residents in congregate care settings and to individuals less than 2 years of age and their families who cannot access the vaccine in pharmacies or through health care providers. OPH will also assist in administering

vaccines, to populations, including equity deserving groups, who have difficulty accessing the vaccine via primary care or from a pharmacy.

School-Based Immunization and Childhood Immunization

The COVID-19 pandemic, including school closures, the redirection of resources to COVID-19 responses and prioritization of COVID-19 vaccination in adolescents, resulted in significant interruptions in the grade 7 school-based immunization program run by Ottawa Public Health and other local public health units. The school-based immunization program includes grade 7 vaccination against Hepatitis B (HB), Human Papillomavirus (HPV) and meningococcal serogroups A, C, Y and W-135 (Men-C-ACYW135). In a typical year, OPH hosts fall in-school clinics at grade 7 schools to provide school-based vaccines. OPH then returns to these schools in the spring to provide additional doses for those vaccines (HB and HPV) requiring multiple doses for series completion. The school-based immunization program resumed for both grade 7 and 8 students in the 2021-22 school year. In fall 2022, OPH will be offering school-based vaccination for grade 7 and 8 students in both public and private schools. This will support students who missed school-based vaccines last year due to prioritizing their COVID-19 vaccine^b over school-based vaccines, COVID-19 isolation or opting for online learning.

As a result of the significant disruption to school-based programs, the Ministry of Health has extended eligibility for the HB vaccine. Beginning in the 2022-23 school year, individuals will be eligible to receive the HB vaccine until the end of grade 12. Individuals also remain eligible to receive one dose of the HPV vaccine until the end of grade 12 and one dose of the Men-C-ACYW vaccine in their lifetime. OPH offered catch-up for school-based vaccines through community vaccination clinics beginning in February 2022, but this delivery setting has not been consistently available as resources were again redirected to assist with expanded COVID-19 booster dose eligibility, COVID-19 primary series vaccination for 6 months to 4 years old and providing the monkeypox vaccine. Catch-up clinics in community vaccination clinics will resume in fall 2022 for older students who are unable to access school-based vaccines at a health care provider's office.

The COVID-19 pandemic also interrupted the delivery of mandatory childhood vaccines in primary care offices and at targeted OPH catch-up clinics for people without primary

^b Previous guidance recommended that COVID-19 vaccines not be administered 14 days after or before receiving another vaccine. Students may have prioritized receiving their COVID-19 vaccine last year and as such missed receiving their school-based vaccines. The provincial guidance has changed and now permits the administration of COVID-19 vaccine the same day or anytime before or after another vaccine.

care providers. In Ontario, immunizations for children under 5 years old are usually administered by primary care providers during regular well-baby visits and childhood check-ups. Moreover, there is evidence that primary care providers continue to provide fewer routine publicly-funded vaccines in Ottawa than in 2019 pre-pandemic. The immunization team estimates that primary care provider orders for vaccine are down 20-30% compared to pre-pandemic and, since OPH is the distributor for all routine publicly-funded vaccines in Ottawa, this reflects an actual decrease in doses administered. This indicates that rather than “catching-up” vaccination, the backlog is continuing to grow at a high rate, putting the health of Ottawa’s population and particularly the health of children in Ottawa at greater risk.

The full extent of the “backlog” has not been assessed provincially. The Council of Medical Officers of Health has indicated that catch-up on childhood and youth vaccination is a key recovery priority across Ontario. At this time, no provincial plan to assist primary care providers to catch-up on childhood immunization has been put forward.

The lack of protection with childhood vaccines is concerning. Outbreaks of vaccine preventable disease (VPD) that have been eliminated can occur with even small drops in vaccine coverage. For example, at least 95% of the population needs to be immunized for “herd immunity” to measles and it has caused outbreaks in Canada with single imported cases, even in areas with high vaccine coverage since measles was declared eliminated in Canada in 1998⁴.

Under the *Immunization of School Pupils Act* (ISPA), children attending school in Ontario are required to be vaccinated against nine infectious diseases (i.e., diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, meningococcal and varicella (chickenpox)) or require a valid exemption. As primary care providers are one of the main delivery channels for childhood vaccines, OPH catch-up clinics will offer ISPA required vaccines to individuals who are unable to access vaccines at a health care provider’s office with a focus on people residing in priority population neighbourhoods. OPH is also working with Kids Come First Health Team to explore ways to increase access to routine immunizations for Ottawa families.

Surveillance for ISPA required vaccines will also re-start after being paused for two years due to the COVID-19 pandemic. In accordance with ISPA, OPH assesses and maintains the immunization records for all school aged children. Surveillance activities include assessing coverage and compliance of ISPA required vaccines, notifying parents/guardians of outstanding ISPA required vaccines, and updating students’

records when proof of immunization is submitted to OPH. OPH staff also provide support to parents/guardians and school boards with queries related to the vaccine requirements and reporting. Providing parents/guardians detailed notices of outstanding ISPA required vaccines and information on how to access childhood vaccines will help support parents/guardians in getting children caught-up on missed vaccines. Resumption of ISPA surveillance will also help provide accurate coverage estimates for ISPA vaccines.

RURAL IMPLICATIONS

The approach presented in this report will support continued access to vaccination in rural communities.

CONSULTATION

No public consultations were undertaken in the preparation of this information report.

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no direct accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

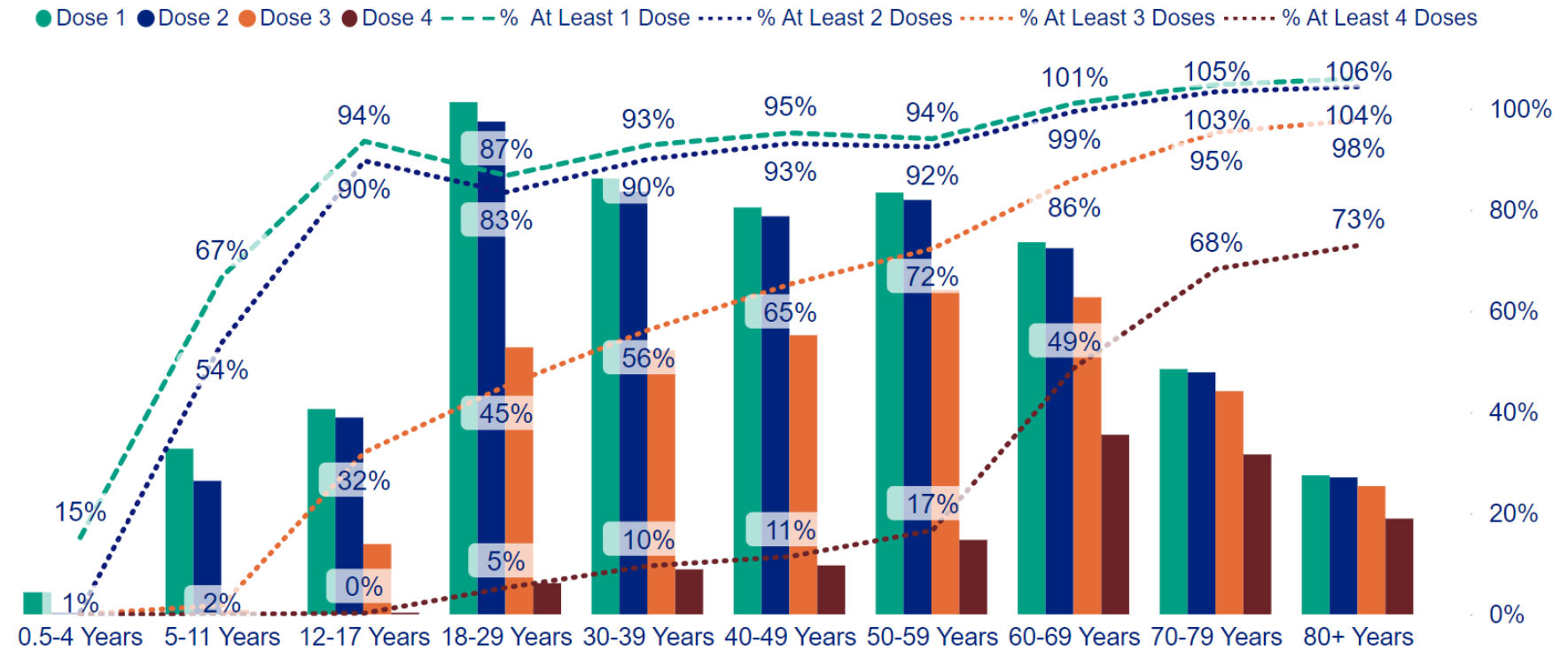
This report aligns with Ottawa Public Health's Strategic Priorities, Goal 2 – Health Communities by Design. Ensuring adequate vaccine coverage reduces the incidence of vaccine-preventable diseases.

DISPOSITION

This report is provided to the Board of Health for information.

Document 1 – Vaccination Coverage by Age for Ottawa Residents

Vaccination Coverage by Age for Ottawa Residents



COVID-19 vaccination data as of 4:30am on September 6, 2022

REFERENCES

¹ Public Health Ontario (8, August, 2022). Severe outcomes among confirmed cases of COVID-19 following vaccination in Ontario: December 14, 2020 to August 1, 2022. Retrieved August 12, 2022, from https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-epi-confirmed-cases-post-vaccination.pdf?sc_lang=en.

² National Advisory Committee on Immunization (1, September, 2022). Recommendations on the use of bivalent Omicron-containing mRNA COVID-19 vaccines. Retrieved September 1, 2022, from <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-bivalent-Omicron-containing-mrna-covid-19-vaccines.pdf>.

³ Public Health Ontario (31 August, 2022). Monkeypox in Ontario: May 20, 2022 to August 30, 2022. Retrieved September 6, 2022, from https://www.publichealthontario.ca/-/media/Documents/M/2022/monkeypox-episummary.pdf?sc_lang=en.

⁴ National Advisory Committee on Immunization. Canadian Immunization Guide. Measles vaccine. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-12-measles-vaccine.html>